10/26/2006 12:03

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue; NW ADDRESS (number and street) Suite 500 South Building Check if different than previously DC 20004 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00106740 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) Х (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 07 2006 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2006 10 2006 18 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Robert Borchardt Type or Print Name of Treasurer Electronically Filed by Robert Borchardt 10 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Report Covering the Period: From:	01 2006	To: 10 18 2006
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand  January 1  Y2006  Y2006		119244.78
(b) Cash on Hand at  Begining of Reporting Period	146247.52	
(c) Total Receipts (from Line 19)	2827.86	272426.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	149075.38	391671.07
Total Disbursements (from Line 31)	10500.00	253095.69
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	138575.38	138575.38
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	te committee. (see FEC FORM 1M)	
Fo	r further information contact:	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

01

2006

то.

м м 1 0 <sup>D</sup> 18

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	2596.11	156926.18
	(ii) Unitemized	231.75	12409.86
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	2827.86	169336.04
	(b) Political Party Committees	0.00	0.00
	<ul><li>(c) Other Political Committees</li><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	89500.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2827.86	258836.04
2.	Transfers From Affiliated/Other Party Committees	0.00	1090.25
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	12500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2827.86	272426.29
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	2827.86	272426.29

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

COLUMN A

Total This Period

Calendar Year-to-Date

	BBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Activit	d Federal/Non-Federal y (from Schedule H4)	0.00	0.00
(i) F	ederal Share		
( )	Ion-Federal Share	0.00	0.00
	Federal Operating aditures	0.00	2257.11
	Operating Expenditures		2057.14
	21(a)(i), (a)(ii) and (b))	0.00	2257.11
	S	0.00	0.00
<ol> <li>Contribution</li> <li>Federal Cand Other</li> </ol>	ns to ndidates/Committees Political Committees	10500.00	231823.58
	nt Expenditure	0.00	0.00
<ol> <li>Coordinate</li> </ol>	dule E)d Expenditures Made by Party	0.00	0.00
Committee (use Sched	s (2 U.S.C. 441a(d)) Jule F)	0.00	0.00
3. Loan Repa	yments Made	0.00	0.00
'. Loans Mad	e	0.00	0.00
(a) Individ	Contributions To:	0.00	0.00
man	Political Committees		
	al Party Committees	0.00	0.00
` '	Political Committees as PACs)	0.00	0.00
•	Contribution Refunds		
(add L	ines 28(a), (b), and (c))	0.00	0.00
Other Disb	ursements	0.00	19015.00
). Federal Ele	ection Activity (2 U.S.C 431(20))		
` '	d Federal Election Activity		
,	Schedule H6) deral Share	0.00	0.00
		0.00	0.00
	evin" Share	0.00	0.00
. ,	al Election Activity Paid Entirely ederal Funds	0.00	0.00
` '	Federal Election Activity (add 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disb	ursements (add Lines 21(c), 22,		
23, 24, 25	, 26, 27, 28(d), 29 and 30(c))	10500.00	253095.69
. Total Fede	eral Disbursements		
	Line 21(a)(ii) from Line 30(a)(ii)		
former 1 to a f	31)	10500.00	253095.69

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2827.86	258836.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2827.86	258836.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2257.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2257.11

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 20		
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12		
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any persor dress of any political committee to s	for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans PAC	(AHIP PAC	<del>(</del> )			
Full Name (Last, First, Middle Initial)  James Balda			Date of Receipt		
	Mailing Address 601 Pennsylvania Ave NW South Building; Suite 500				
City	State	Zip Code	Transaction ID: 20061017-1		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		41.67		
Name of Employer America's Health Insurance Plans	Occupation VP Mem				
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	291.69			
Full Name (Last, First, Middle Initial)  Carmella Bocchino	· · · · · · · · · · · · · · · · · · ·				
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500	10 15 2006				
City	State	Zip Code	Transaction ID: 20061017-4		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		208.33		
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		2791.65			
Full Name (Last, First, Middle Initial)  C. Robert Borchardt			Date of Receipt		
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500	NW		10 15 2006		
City	State	Zip Code	Transaction ID: 20061017-5		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Oper	at		
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		475.00			
SUBTOTAL of Receipts This Page (optional)		<b>.</b>	275.00		
		<del>`</del>			

SO	CHEDULE A (FEC Form 3X)		Harana and a shadala (a)	FOR LINE NUMBER: PAGE 7 / 20
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13   14   15   16   17
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may ıme and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Americas Health Insurance Plans PAC (	AHIP PAC	)	
۹.	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500	W		10 15 2006
	City	State	Zip Code	Transaction ID: 20061017-6
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation	Political Affairs	
	Plans Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify) ▼	0 0	1583.27	
3.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
	ailing Address 601 Pennsylvania Ave NW			10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	South Bldg; Ste 500 City State Zip Code			Transaction ID: 20061017-9
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing		1000.200.	
	federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation		
	Plans		Director Product Policy	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	1187.50	
 C.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 1276 N Wayne St #1223			10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061017-10
	Arlington	VA	22201-5848	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation Executive	Director of Marketing	
	Receipt For:		Year-to-Date ▼	7
	Primary General		1187.50	
	Other (specify) ▼		1107.30	
	IDTOTAL of Descripts This Do. 16 Pt. 17			208.33
S	JBTOTAL of Receipts This Page (optional)		<u> </u>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 20		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans PA	C (AHIP PAC	<b>(</b> )			
Full Name (Last, First, Middle Initial)  A. Ann Curry					
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500	5 551 1 511115 J. Tallina 7 11 5 1 1 1 1				
City	State	Zip Code	Transaction ID: 20061017-11		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		41.67		
Name of Employer America's Health Insurance Plans	Occupatio Deputy D	n Director Product Policy			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	791.73			
Full Name (Last, First, Middle Initial)  3. Gregory Daphnis					
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500	10 15 2006				
City	State	Zip Code	Transaction ID: 20061017-12		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		20.83		
Name of Employer America's Health Insurance Plans	Occupatio Program	n Manager; VSD			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	395.77			
Full Name (Last, First, Middle Initial) C. Gregory Dean			Date of Receipt		
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500					
City	State	Zip Code	<b>Transaction ID: </b> 20061017-13		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		62.50		
Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director of AHIP Learning 8	ι .		
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	1187.50			
SUBTOTAL of Receipts This Page (optional) .			125.00		
, <del> </del>					

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9 / 20 (check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	Americas Health Insurance Plans PAC (	AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	10 15 2006		
	City	State	Zip Code	Transaction ID: 20061017-14
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer America's Health Insurance Plans	Occupation VP; Fede	n eral Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1083.35	
— В.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	10 15 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20061017-16
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President; State Affairs	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2375.00	
<u> </u>	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	10 15 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20061017-18
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation	n ssociate Counsel; Special Pi	
	Plans Receipt For:		e Year-to-Date $\nabla$	<u> </u>
	Primary General	22.0		1
	Other (specify)		395.77	
s	UBTOTAL of Receipts This Page (optional)			229.16

TOTAL This Period (last page this line number only) .....

## SCHEDULE A (FEC Form 3X)

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 20 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any info	ormation copied from such Reports and Stat	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) ericas Health Insurance Plans PAC (	AHIP PAC	;)	
A. Don Mail City Wa FEC fede	shington ID number of contributing eral political committee. The of Employer erica's Health Insurance	State DC  C Occupation Executive	Zip Code 20004-2601  Director State Policy Year-to-Date ▼  1333.31	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail City Wa	Name (Last, First, Middle Initial) tt Keefer ing Address 601 Pennsylvania Ave N South Bldg; Ste 500	W State DC	Zip Code 20004-2601	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ame <u>Plar</u>	ne of Employer erica's Health Insurance is eipt For: Primary General Other (specify)		of Policy Development  e Year-to-Date ▼  570.00	
C. Bart Mail City Wa FEC fede Name	Shington CID number of contributing eral political committee.  The of Employer erica's Health Insurance	State DC  C Occupation Vice Pres	Zip Code 20004-2601 n sident; Medical Affairs Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBT	OTAL of Receipts This Page (optional)		······•	141.33
ΤΟΤΔ	L This Period (last page this line number on	lv)	•	

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 20
ITEMIZED RECEIPTS			or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
			, 5	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC (	AHIP PAC	<b>;</b> )	
Α.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	10 15 7 2006		
	City	State	Zip Code	Transaction ID: 20061017-25
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans		ice President; Center for Hea	1
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		2375.00	
	Other (specify)	0 0	2073.00	
В.	Full Name (Last, First, Middle Initial) Dan Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20061017-27
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General		n e VP; Advocacy & Profession e Year-to-Date ▼	al
	Other (specify) ▼	0 0	3958.27	
<u> </u>	Full Name (Last, First, Middle Initial) Joe Lessen			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061017-28
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			41.67
	Name of Employer America's Health Insurance Plans	Occupation Director	n of Special Projects; Federal	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1011.00	
	Other (specify)		1041.69	
_				
s	UBTOTAL of Receipts This Page (optional)			375.00
$\vdash$			•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/20
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δ	ny information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC (	AHIP PAC	)	
A.	Full Name (Last, First, Middle Initial) Robert Menkes			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		10 15 2006
	City	State	Zip Code	Transaction ID: 20061017-32
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident; Strategic Planning	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		822.94	1
	Other (specify) ▼	0 0	022.04	
В.	Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW			M M / D D / Y Y Y
	South Bldg; Ste 500			10 15 2006
	City	State	Zip Code	Transaction ID: 20061017-34
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer America's Health Insurance	Occupation		
	Plans		e Director Product Policy Year-to-Date ▼	_
	Receipt For:  Primary  General	Aggregate	rear-to-date V	1
	Other (specify) ▼		380.00	
<u> </u>	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	IW		M M / D D / Y Y Y Y
	South Bldg; Ste 500			10 15 2006
	City	State	Zip Code	Transaction ID: 20061017-36
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.83
	Name of Employer America's Health Insurance  Occupation			
	Plans		Director State Advocacy	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,
	Other (specify)		395.77	
_				<u> </u>
	·			F4.05
s	UBTOTAL of Receipts This Page (optional)			51.25
1 T	OTAL This Period (last page this line number or	1IV)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 20 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any person ress of any political committee to s	for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
/	Americas Health Insurance Plans PAC (A	AHIP PAC		
۹.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500	W		10 15 2006
	City	State	Zip Code	Transaction ID: 20061017-37
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼		rocacy Regional Director Year-to-Date ▼ 791.73	-
Full Name (Last, First, Middle Initial)  Susan Pisano  Mailing Address 601 Pennsylvania Ave NW		W		Date of Receipt
	South Bldg; Ste 500	1 0 1 5 2 0 0 6 Transaction ID: 20061017-38		
	Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.16
	Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		ident Strategic Communication Year-to-Date ▼ 1979.04	on D
 C.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			10 15 2006
	City	State	Zip Code	Transaction ID: 20061017-40
	Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		83.33
	Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)		ident; State Advocacy Year-to-Date ▼ 1583.27	
s	UBTOTAL of Receipts This Page (optional)		·····	229.16

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 20								
	· ·		Use separate schedule(s) or each category of the	(check only one)								
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12								
			, ,	13 14 15 16 17								
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions								
or		ame and add	aress or any political committee to	solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)	/ALUD DAG										
$\angle$	Americas Health Insurance Plans PAC	(AHIP PAC	·)									
A.	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt								
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		10 15 2006								
	City	State	Zip Code	Transaction ID: 20061017-41								
	Washington	DC	20004-2601	Amount of Each Receipt this Period								
	FEC ID number of contributing											
	federal political committee.	C		11.00								
	Name of Employer America's Health Insurance	Occupation	n e Director of Membership									
	Plans Receipt For:		Year-to-Date <b>V</b>	_								
	Primary General	Aggregate	Teal to Bate V	1								
	Other (specify)		209.00									
				1								
В.	Full Name (Last, First, Middle Initial) Robert Rehm			Date of Receipt								
	Mailing Address 601 Pennsylvania Ave N	1W		M ' M / D ' D / Y ' Y ' Y ' Y								
	South Bldg; Ste 500			10 15 2006								
	City	State	Zip Code	Transaction ID: 20061017-42								
	Washington	DC	20004-2601	Amount of Each Receipt this Period								
	FEC ID number of contributing	C		20.83								
	federal political committee.	<u> </u>										
	Name of Employer	Occupation	1									
	America's Health Insurance Plans	Director;	Public Health Strategies									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.03	1								
	Other (specify)		200.00									
_	Full Name (Last, First, Middle Initial)			D. (D. )								
C.	Sue A Rohan  Mailing Address 601 Penn Ave: NW			Date of Receipt								
	Mailing Address 601 Penn Ave; NW Suite 500 South Building	מ		10 15 2006								
	City	State	Zip Code	Transaction ID: 20061017-43								
	Washington	DC	20004	Amount of Each Receipt this Period								
	FEC ID number of contributing			83.33								
	federal political committee.	C		00.00								
	Name of Employer AHIP	Occupation Vice Pres										
	Receipt For:	1	Year-to-Date ▼									
	Primary General			1								
	Other (specify)		499.98									
				115 10								
s	UBTOTAL of Receipts This Page (optional)			115.16								

S	CHEDULE A (FEC Form 3X)			OR LINE NUMBER: PAGE 15/20									
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)									
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12									
			Detailed Summary Fage	13 14 15 16 17									
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions									
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.									
$\setminus$	NAME OF COMMITTEE (In Full)												
$  \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	3)										
			,										
_	Full Name (Last, First, Middle Initial)												
A.	Patricia P Smith			Date of Receipt									
	Mailing Address 601 Penn Ave; NW			M M / D D / Y Y Y Y									
	Suite 500 South Building	g		10 15 2006									
	City	State	Zip Code	Transaction ID: 20061017-45									
	Washington	DC	20004	Amount of Each Receipt this Period									
	FEC ID number of contributing			20.00									
	federal political committee.	C		83.33									
	Name of Employer AHIP	Occupation											
		Vice Pres											
	Receipt For:	Aggregate	e Year-to-Date ▼										
	Primary General		583.31										
	Other (specify) ▼		303.31										
_													
_	Full Name (Last, First, Middle Initial)												
В.	Charles Stellar			Date of Receipt									
	Mailing Address 601 Pennsylvania Ave N	١W		M M / D D / Y Y Y Y									
	South Bldg; Ste 500			10 15 2006									
	City	State	Zip Code	Transaction ID: 20061017-46									
	Washington	DC	20004-2601	Amount of Each Receipt this Period									
	FEC ID number of contributing	С		86.96									
	federal political committee.												
	Name of Employer	Occupation	า	$\dashv$									
	America's Health Insurance		· e Vice President										
	Plans Receipt For:		Year-to-Date ▼	-									
	Primary General	riggrogate	real to Bate ¥										
	Other (specify)		1565.28										
	canon (openity) 🔻	0 0											
_	Full Name (Last, First, Middle Initial)			1									
C.	Scott Styles			Date of Receipt									
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y									
	South Bldg; Ste 500			10 15 2006									
	City	State	Zip Code	Transaction ID: 20061017-47									
	Washington	DC	20004-2601	Amount of Each Receipt this Period									
	FEC ID number of contributing												
	federal political committee.	C		204.35									
	Name of Employer America's Health Insurance	Occupation											
	<u>Plans</u>		ce President Federal Legisla	<u>.t</u>									
	Receipt For:	Aggregate	e Year-to-Date ▼										
	Primary General		3882.65										
	Other (specify) ▼		3002.03										
_													
				074.64									
s	UBTOTAL of Receipts This Page (optional)			374.64									
$\vdash$			<u> </u>										

S	CHEDULE A (FEC Form 3X)	Llas asparets ashadula(s)	FOR LINE NUMBER: PAGE 16/20						
	EMIZED RECEIPTS	or each category of the	(check only one)						
•		Detailed Summary Page	X   11a   11b   11c   12   15   16   17						
Ar or	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a	ts may not be sold or used by any person to	for the purpose of soliciting contributions						
<u> </u>	NAME OF COMMITTEE (In Full)								
$\rangle$	Americas Health Insurance Plans PAC (AHIP	PAC)							
۹.	Full Name (Last, First, Middle Initial) Jonathan Tilton	Date of Receipt							
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500	7.01	10 15 2006						
	City Sta Washington DC	'	Transaction ID: 20061017-49  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	20004-2001	20.83						
	America's Health Insurance Plans  Dep	upation outy Director; Strategic Communicat regate Year-to-Date ▼	i						
	Other (specify) ▼	395.77							
3.	Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt						
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Sta	'	Transaction ID: 20061017-51						
	Washington DC	C 20004-2601	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		125.00						
	America's Health Insurance Plans	upation ior Vice President of Strategic Com							
	Receipt For: Agg	regate Year-to-Date ▼							
	Other (specify) ▼	875.00							
Э.	Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt						
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		10 15 / Y Y Y Y Y Y						
	City Sta Washington DC	'	Transaction ID: 20061017-52						
	EEC ID asserbase of contributions	20004-2001	Amount of Each Receipt this Period						
	federal political committee.		83.33						
	America's Health Insurance	upation e President; Product Policy							
	1 laile	regate Year-to-Date ▼							
	Primary General								
	Other (specify) ▼	1583.27							
s	UBTOTAL of Receipts This Page (optional)	·····	229.16						
т	OTAL This Period (last page this line number only)	•							
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 20 (check only one)  X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al	HIP PAC	)	
<b>A.</b>	America's Health Insurance Plans	State MI  C  C  C  C  C  C  C  C  C  C  C  C  C	Zip Code 49855-9542  n irector; Federal Legislative A Year-to-Date ▼ 855.00	Date of Receipt  M M M / 15 2006  Transaction ID: 20061017-53  Amount of Each Receipt this Period  45.00
3.	AHIP	State DC  C  Occupation Deputy D Aggregate		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	America's Health Insurance Plans	State DC  C  C  C  C  C  C  C  C  C  C  C  C	Zip Code 20004-2601 The Federal Affairs Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	97.08
т	OTAL This Period (last page this line number only	)	<b>&gt;</b>	

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C		ĺ		FOR LINE NUMBER: PAGE 18 / 20									
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)									
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12									
			Detailed Gairlinary 1 age	13 14 15 16 17									
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.									
$\setminus$	NAME OF COMMITTEE (In Full)												
$\rangle$	Americas Health Insurance Plans PAC (A	AHIP PAC	)										
Α.	Full Name (Last, First, Middle Initial) Tom Wilder			Date of Receipt									
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	10 15 2006											
	City	State	Zip Code	Transaction ID: 20061017-56									
	Washington	DC	20004-2601	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		41.67									
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident; Private Market Regula	ut									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼	0 0	791.73										
В.	Full Name (Last, First, Middle Initial) Joseph Winn			Date of Receipt									
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	10 15 2006											
	City	State	Zip Code	Transaction ID: 20061017-58									
	Washington	DC	20004-2601	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		41.67									
	Name of Employer America's Health Insurance Plans	Occupation State Adv	n vocacy Regional Director										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		791.73										
<u> </u>	Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt									
	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500	10 15 2006											
	City	State	Zip Code	Transaction ID: 20061017-59									
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 62.50									
	Name of Employer America's Health Insurance Plans	Occupation Director;	n Legislative Affairs										
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 937.54										
s	UBTOTAL of Receipts This Page (optional)			145.84									

TOTAL This Period (last page this line number only) ......

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## SCHEDULE B (FEC Form 3X)

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)				R LINE		R:			PAGE 19/20					
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			eck only 21b 27	22 28a	Х	23 28b		24 28c	25 29	26 30b			
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam												ns			
	NAME OF COMMITTEE (In Full)		7,7													
$\rangle$	Americas Health Insurance Plans PAC (Al-	HIP PAC)														
Α.	Full Name (Last, First, Middle Initial)									_		10185	309698			
Α.	Earl Pomeroy for Congress							of Di м		emen		YY	Y			
	Mailing Address PO Box 9336								1 0 M / D 1 8 / Y 2 0 0 6 Y							
	City				Amou	nt of	f Each	n Disb	urseme	ent this	Period					
	Fargo Purpose of Disbursement	ND	58106		_							2000.	00			
	2006 General							_								
	Candidate Name Pomeroy Earl				ateg Typ	ory/ e										
		ement For:	2006													
	Senate President	Primary Other (spe	X General ecify) ▼													
	State: ND District: 01	( <b>-</b>	· · · · · · · · · · · · · · · · · · ·													
В.	Full Name (Last, First, Middle Initial)									-		10166	025932			
Ь.	Evan Bayh Committee						Date o	of Di м	sburs	emen		YY	Υ			
	Mailing Address 850 Fort Wayne Avenue									1 6	L.	ž 0 ŏ (	5			
	City Indianapolis	State IN	Zip Code 46204				Amou	nt of	f Each	n Disb	urseme	nt this	Period			
	Purpose of Disbursement 2010 Primary				ů		L.					1000.	00			
	Candidate Name Bayh Evan				_	ory/										
		ement For:	2010		Тур	е										
		Primary	General													
	President State: IN District: 00	Other (spe	ecify) 🔻													
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	- 683	81906	10046	322662			
C.	Kevin McCarthy for Congress						Date o	of Di	sburs	emen		10010	022002			
	Mailing Address 455 Capitol Mall Suite 801						1 <sup>M</sup> 0	M	<sup>'</sup>	0 4	Υ	ž 0 ŏ (	3 <sup>Y</sup>			
	•	State	Zip Code				Amou	nt of	f Each	n Disb	urseme	ent this	Period			
	Sacramento	CA	95814					_	-		•	1000.	00			
	Purpose of Disbursement 2006 General							_				1000.	00			
	Candidate Name McCarthy Kevin				ateg Typ	ory/										
	Office Sought: X House Disburse	ement For:	2006													
	Senate	Primary	X General													
	State: CA District: 22	Other (spe	ecity) 🔻													
	ı							_	-			4000	00			
s	UBTOTAL of Disbursements This Page (optional)						<u></u>	_				4000.	ŲÜ			
T (	OTAL This Period (last page this line number only)					•										

## SCHEDULE B (FEC Form 3X)

	1 0		erate schedule(s)		(check o			٦.		L P F	1GE	20 / 2	U	
ITEMIZED DISBURSEMEN	TS for		category of the Summary Page		21b	A	22 28a	_	23 28b	24 28c	П	25 29		26 30b
Any Information copied from such Reports					ny persoi		the pur	pose	of so	licating o		outions	<u> </u>	000
or for commercial purposes, other than usi	ng the name and	addres	ss of any political	comr	nittee to	solici	t contri	butio	ns fro	m such o	comm	nittee		
NAME OF COMMITTEE (In Full)														
/ Americas Health Insurance Plan	s PAC (AHIP F	PAC)												
Full Name (Last, First, Middle Initial)							Transa	actio	n ID:	157598	0610	00463	233	 381
Special Teams 2006 Committee							Date o	f Dis			YY	Y	Υ	
Mailing Address PO Box 75103							10		0	<sup>D</sup> / C	2	0 Ó 6		
City	State	)	Zip Code				Amour	nt of	Each	Disburse	ment	this P	erio	t
Washington Purpose of Disbursement	DC		20013								2	000.0	0	7
2006 Contribution									1				_	_
Candidate Name					tegory/ ype									
Office Sought: House	Disbursement													
Senate President		mary ier (spe	☐ General cify) ▼											
State: District:		.о. (оро	J, <b>∀</b>											
Full Name (Last, First, Middle Initial)	-						Transa	actio	n ID:	620231	0610	00463	216	330
3. Spratt for Congress Committee							Date o	_	burse	ment	v · v	· V	V	
Mailing Address PO Box 830							1 0		0	4 /	2	0 0 6		
City York	State SC	)	Zip Code 29745				Amour	nt of	Each	Disburse	ment	this P	erio	Ł
Purpose of Disbursement 2006 General							1000.00							
Candidate Name Spratt John					tegory/ ype									
Office Sought: X House Senate President		mary	2006 X General cify) ▼											
State: SC District: 05														
Full Name (Last, First, Middle Initial)  Texas Freedom Fund							Transa Date o			468406 ment	0610	01853	045	529
Mailing Address 104 East Hume	e Avenue						10	/	<sup>D</sup> 1	8 /	Ž	0 0 6	Y	
City Alexandria	State VA	)	Zip Code 22301				Amour	nt of	Each	Disburse	ment	this P	erio	t
Purpose of Disbursement 2006 Contribution											3	500.0	0	
Candidate Name					tegory/ ype									
Office Sought: House Senate President State: District:	I	mary	General cify) ▼											
									•	•		500.0	n	$\overline{}$
SUBTOTAL of Disbursements This Page	e (optional)				<u> </u>		<u> </u>	-	-		0:	JUU.U	U .	_
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